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(Original Signature of Member)

118TH CONGRESS
1ST SESSION

H. R. _____

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. CLEAVER introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Cady Housh and
3 Gemesha Thomas Student Suicide Prevention Act of
4 2023”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) According to the National Institutes of
8 Health, suicide is the second leading cause of death
9 for young people between the ages of 10 and 34. Be-
10 tween 2007 and 2018, the national suicide rate
11 among persons ages 1 to 24 increased 57.4 percent.
12 From 2018 to 2021, the national suicide rate among
13 persons ages 10 to 24 increased by 2.8 percent.

14 (2) According the 2021 Youth Risk Behaviors
15 Survey of the Centers for Disease Control and Pre-
16 vention, 22.2 percent of high school students re-
17 ported seriously considering suicide during the pre-
18 vious 12 months, and 10.2 percent reported actually
19 attempting to take their lives during that period.

20 (3) Eighty percent of students show warning
21 signs before attempting suicide.

22 (4) Prevention and awareness training will
23 equip individuals to become aware of the warning
24 signs of suicide, identify students in crisis, and pro-
25 vide resources for help.

1 (5) Research shows that inquiring about suicide
2 ideation, or discussing suicide in terms of recog-
3 nizing risk factors and prevention methods—

4 (A) does not increase the chance of suicide;
5 and

6 (B) in fact, can lower the risk of suicide.

7 (6) Sexual minority youth (LGBT+) are almost
8 five times more likely to have attempted suicide com-
9 pared to their heterosexual peers. According to the
10 Trevor Project’s 2022 National Survey on LGBTQ
11 Youth Mental Health, 45 percent of LGBT+ youth
12 seriously considered suicide in the past year includ-
13 ing more than half of transgender and nonbinary
14 youth and 1 in 3 cisgender youth. Additionally, 14
15 percent of LGBT+ youth attempted suicide in that
16 same period, including nearly 1 in 5 transgender
17 and nonbinary youth and 1 in 10 cisgender youth.

18 (7) According to the Centers for Disease Con-
19 trol and Prevention, emergency department visits
20 among adolescents increased during the pandemic.
21 During the period of February 21 to March 20 in
22 2021, suspected suicide attempt emergency depart-
23 ment visits were 50.6 percent higher among girls
24 aged 12 to 17 years than during the same period in
25 2019.

1 **SEC. 3. SENSE OF CONGRESS.**

2 It is the sense of the Congress that—

3 (1) student suicide awareness, prevention train-
4 ing, and response materials should be available to all
5 school personnel, including administrative personnel,
6 teachers, counselors, and other school leaders;

7 (2) States should give autonomy to each local
8 educational agency to—

9 (A) adopt a policy with respect to student
10 suicide awareness and prevention; and

11 (B) work collaboratively with local organi-
12 zations, youth mental health experts, health
13 care providers, and the Secretary of Health and
14 Human Services to implement training for
15 school personnel and students, including by
16 sharing and disseminating—

17 (i) training materials and resources;
18 and

19 (ii) information that is evidence-in-
20 formed or promising on student suicide
21 prevention;

22 (3) the Secretary of Health and Human Serv-
23 ices should identify the highest unmet needs, specifi-
24 cally with at-risk student populations, such as—

25 (A) minority students;

26 (B) LGBT+ identifying students;

1 (C) students living with mental health con-
2 ditions;

3 (D) students living with substance use dis-
4 orders;

5 (E) students who have engaged in self-
6 harm or have attempted suicide; and

7 (F) students experiencing homelessness or
8 out-of-home settings;

9 (4) schools should offer these services to stu-
10 dents in grades 9 through 12, with the support of
11 organizations with demonstrated expertise in cul-
12 tural competency, suicide awareness, response, and
13 prevention training;

14 (5) students who receive such training should
15 not be taught to be counselors, but rather should be
16 educated on how to—

17 (A) recognize signs of suicide and depres-
18 sion;

19 (B) report these signs to appropriate staff;
20 and

21 (C) identify sources of care and support;
22 and

23 (6) schools should utilize school-based mental
24 health professionals and other community partner-
25 ships.

1 **SEC. 4. STUDENT SUICIDE AWARENESS AND PREVENTION**
2 **TRAINING.**

3 (a) ADDITIONAL AUTHORIZED USE OF GRANT
4 FUNDS.—Section 520E(a) of the Public Health Service
5 Act (42 U.S.C. 290bb–36(a)) is amended—

6 (1) in paragraph (4), by striking “and” at the
7 end;

8 (2) in paragraph (5), by striking the period at
9 the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(6) establish and implement a statewide policy
12 requiring school personnel in elementary and sec-
13 ondary schools and students in secondary schools to
14 complete student emotional well-being, mental
15 health, and suicide awareness and prevention train-
16 ing in accordance with subsection (d).”.

17 (b) TRAINING REQUIREMENTS.—Section 520E of the
18 Public Health Service Act (42 U.S.C. 290bb–36(a)), as
19 amended by subsection (a), is further amended—

20 (1) by redesignating subsections (d) through
21 (m) as subsections (e) through (n), respectively; and

22 (2) by inserting after subsection (c) the fol-
23 lowing:

24 “(d) REQUIREMENTS FOR STUDENT SUICIDE
25 AWARENESS AND TRAINING PROGRAMS.—

1 “(1) IN GENERAL.—As a condition on receipt of
2 funds under subsection (a)(6), an applicant shall
3 agree to use the funds to establish or implement a
4 statewide policy—

5 “(A) requiring school personnel in elemen-
6 tary and secondary schools and students in sec-
7 ondary schools to complete student emotional
8 well-being, mental health, and suicide awareness
9 and prevention training that—

10 “(i) includes at least one classroom
11 session each school year;

12 “(ii) is evidence-informed; and

13 “(iii) includes training on—

14 “(I) the warning signs of, and
15 elevated risk factors for, poor emo-
16 tional well-being, mental health issues,
17 and suicide of oneself and of others;

18 “(II) suggested responses to such
19 warning signs;

20 “(III) further suicide awareness
21 and prevention resources; and

22 “(IV) the method and manner of
23 making an appropriate referral to a
24 school-based mental health services
25 provider; and

1 “(B) requiring, with respect to such school
2 personnel, that such training include training
3 on—

4 “(i) cultural competency and
5 intersectionality sensitivity; and

6 “(ii) an overview of applicable Fed-
7 eral, State, and local law concerning re-
8 porting requirements.

9 “(2) DEFINITIONS.—As used in subsection
10 (a)(6) and this subsection:

11 “(A) The term ‘evidence-informed’ means
12 informed by practices that—

13 “(i) use the best available research
14 and practice knowledge to guide program
15 design and implementation;

16 “(ii) allow for innovation while incor-
17 porating the lessons learned from the exist-
18 ing research literature; and

19 “(iii) are responsive to families’ cul-
20 tural backgrounds, community values, and
21 individual preferences.

22 “(B) The term ‘school-based mental health
23 services provider’ includes a State-licensed or
24 State-certified school counselor, school psycholo-
25 gist, school social worker, or other State-li-

1 censed or certified mental health professional
2 qualified under State law to provide mental
3 health services to children and adolescents.

4 “(C) The term ‘school personnel’ means—

5 “(i) principals or other heads of a
6 school; other professional instructional
7 staff (such as staff involved in curriculum
8 development, staff development, or oper-
9 ating library, media, and computer cen-
10 ters); specialized instructional support per-
11 sonnel such as school counselors, school so-
12 cial workers, and school psychologists; and
13 other qualified professional personnel, such
14 as school nurses, speech language patholo-
15 gists, and school librarians, involved in
16 providing assessment, diagnosis, coun-
17 seling, and educational, therapeutic, and
18 other necessary services; and

19 “(ii) other school employees and con-
20 tractors who interact with students, includ-
21 ing bus drivers, cafeteria workers, coaches,
22 janitorial staff, and after-school program
23 employees.”.

1 (c) FUNDING.—Subsection (n) of section 520E of the
2 Public Health Service Act (42 U.S.C. 290bb–36), as re-
3 designated by subsection (b)(1), is amended—

4 (1) by striking “For the purpose” and inserting
5 the following:

6 “(1) IN GENERAL.—For the purpose”;

7 (2) by striking “\$40,000,000” and inserting
8 “\$48,000,000”; and

9 (3) by adding at the end the following:

10 “(2) ALLOCATION.—Of the amounts made
11 available to carry out this section for a fiscal year,
12 not less than 15 percent of such amounts shall be
13 used for grants or cooperative agreements to carry
14 out subsection (a)(6) (to establish and implement a
15 statewide policy requiring school personnel in ele-
16 mentary and secondary schools and students in sec-
17 ondary schools to complete student emotional well-
18 being, mental health, and suicide awareness and pre-
19 vention training).”.